## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together w\_. applicable fee(s), to: Mail Mail Stop ISSL\_FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Eax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				(s) Transmittal. Thi	is certificate cannot be a	sed for domestic mailings of the used for any other accommanying gament or formal drawing, mus- sion.	
500 FIFTH AVE SUITE 1600	S NORTH AMER ENUE	8/2007 SICA, INC.	1 he	Cer ereby certify that th	tificate of Mailing or T		
NEW YORK, NY 10110				Modes	Avala -	(Depositor's name)	
				Kondla	Hala	(Signature)	
			· _	December	-, 10 20	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET	O CONFIRMATION NO.	
10/734,510 12/12/2003		<u></u>	Allan Svendsen	***************************************	5618,520-138	2614	
TITLE OF INVENTION	: PHYTASE VARIANI	r <b>s</b> .					
APPLN. TYPE	SMALL ENTITY	ISSUE FEB DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE TOTAL FEE(S)	DUE DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/18/2007	
EXAM	WER	ART UNIT	CLASS-SUBCLASS	1	*		
SAIDHA, TEKCHAND		1652	435-195000	•		я .	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" lodication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to agents OR, alternation (2) the name of a sing registered attorney of 2 registered patent and	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
			THE PATENT (print or ty				
PLEASE NOTE: Unit recordation as set fort	ess an assignee is ident h in 37 CFR 3.11. Com	tified below, no assigned pletion of this form is NC	data will appear on the port of the port o	atent. If an assign	ee is identified below,	the document has been filed fo	
(A) NAME OF ASSI	imas Als		B) BESIDENCE: (CITY and STATE OR COUNTRY)  DQ15 Vac of Denmark DK-2880				
Please check the appropr	iate assignee category or	r categories (will not be p	risted on the patent):	Individual 🗀 Co	opporation or other prive	ite group entity Governmen	
4a. The fullowing fer(s) are submitted:  Lissue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			th. Payment of Fee(s): (Please first reapply any previously paid issue fer shown above)  \[ \begin{align*} \text{\tex{\tex				
5. Change in Entity Sta							
	s SMALL ENTITY state		D b. Applicant is no lor			****	
NOTE: The Issue Fee an interest as shown by the I	4 Publication Fee (if req records of the United St	jurred) will not be accepte thes Patent and Trademur	ed from anyone other than : k Office.	the applicant, a regi	stered attorney or agent	; or the assignee or other party is	
Authorized Signature	The )	Landon		Date	exember 19	2007	
Typed or printed name	· Flias	Larobins		Registration N	6 33 748		
This collection of inform	ation is required by 37 (	FR 1311. The informati	on is required to obtain or	retain a henefit hy t	he public which is to fit	e (and by the USPTO to process	

an application. Confidentiality is governed by 37 U.S.R. 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Do Not Send Fees or Complete Dear To This Address. Send To: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.